

CALIFORNIA'S HEALTH

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STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 651 J STREET, 2-4711

SAN FRANCISCO (2), 868 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., WA 1271

VOLUME 3, NUMBER 13

JANUARY 15, 1946

ANN WILSON HAYNES
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HEALTH IMPROVEMENT THROUGH EDUCATION*

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Teachers engaged in the many problems of general education may feel that changes in health status are slow, but those of you who follow professional public health literature realize that major health problems are being solved with surprising frequency and rapidity. Fundamental changes continually appear in health status, in the utilization of scientific health and medical knowledge and in the health practices of groups of people. Let me cite two such instances, in which you will see that education played an important part.

Complete data concerning deaths from diphtheria in 1943 show that diphtheria deaths at all ages in the United States fell below one per hundred thousand persons for the first time.⁽¹⁾ The diphtheria death rate of children under 10 years of age fell below five per hundred thousand. Only 1,000 American children, approximately, died from diphtheria in that year, whereas over 30,000 would have died if the death rate of a quarter of a century ago still persisted. Within this generation it has become possible to completely eliminate the disease. During the three-year period of 1940-41-42, Delaware had no diphtheria deaths under 10 years of age; although three States had death rates above 13 per hundred thousand. Few deaths, if any, would appear anywhere if the public would use sufficient immunization procedures, and no deaths would take place if all parents had learned to call a physician promptly, so that a sufficient amount of diphtheria antitoxin could be administered early in the infection.

Let me give you some information containing evidence of changed health status and health practices

from your own community.⁽²⁾ In San Francisco's Chinatown, the birth rate has fallen from 40.2 per thousand population in 1924 to 11.8 in 1937, with a rise to 18.8 in 1943. During the past 15 years, Chinese births in hospitals have increased 320 per cent, while the increase in city-wide births in hospitals increased only 21 per cent. In 1936, the Chinese infant mortality rate was exactly twice that of the city. It now compares favorably with that for the rest of the city. The death rate in Chinatown has fallen from 22.4 per thousand in 1924 to 12.9 in 1943, as compared with the 1943 city death rate of 12.7.

Countless other examples of health improvement could be cited, and in each of them the education of the people would be found to play some part.

You have asked for some examples showing how communities have solved specific health problems. Let me give you a few examples of problem solving or health improvement produced by teachers alone and by teachers working with other groups in the community.

The first example is that of an experiment carried out by a city and an institution of higher learning in which an intensive program of health education was introduced into selected schools to see to what extent the health habits of children could be changed.⁽³⁾ The growth rate of a comparable group of children in other schools in the same city was watched as well as the growth rate of the children in the experimental group. A sufficient improvement in healthful living took place among the children receiving health education to produce a statistically reliable increase in the growth rate as compared with that of the control group.

* From an address at the San Francisco Teachers Institute, December 13, 1945.

Lest it should seem to you that growth is a matter of heredity which is not affected by health practices, certain facts are called to your attention. Japanese children in California have been found to be larger for their age than Japanese children in Tokyo. The children of Russian-born Jews in New York City were found by Dr. Holt to average an inch and a half taller than their parents. Dr. Collis reported that the children who went into the textile mills in Lancashire at the age of 12 were about the same height as other children at that time, but at the age of 18 they averaged about an inch and a half shorter.

Another striking example of the effect of education is to be found in the fact that automobile traffic fatalities for school-age children have been dropping, while similar fatalities for other age groups have continued to rise.

DENTAL HEALTH IMPROVED

An illustration of the effect of teacher activity in the promotion of dental health is to be found in a community in which the teachers undertook to get every possible child in the elementary school to his family dentist or to a dental clinic for the completion of all necessary corrective work during each school year.⁽⁴⁾ At the beginning of this project, about 30 per cent of the elementary school children had all necessary dental work completed each year. At the end of 10 years about 70 per cent had all necessary dental work completed annually, and there had been no increase in the availability of free dental service.

A study of the dental health status of the children in the sixth and seventh grades in that city⁽⁵⁾ gave data showing that the number of lost teeth per hundred children was 48, whereas in a group of comparable cities in a neighboring State, it had been shown to be 137. It was also possible to compare dental health status for these children with that of the children in Hagerstown, Maryland, which has been surveyed carefully by the dental authorities of the U. S. Public Health Service. The city in which the teachers had been working on the correction of dental defects had about one-seventh as much uncorrected caries as did Hagerstown.

An interesting evidence along the same line was found in the study of the correction of dental defects by two different methods in New York City. In one group of children the teachers alone undertook to secure dental corrections by persuading the children to go to the dentist or the clinic. With a comparable group of children, dentists and dental hygienists were provided to make health examinations and to follow the children into the home by letters and personal visits to persuade the children and parents to have necessary corrections made. "Both procedures brought comparable results."⁽⁶⁾

The above cases have been cited to show what an important contribution teachers alone can make to the promotion of health. In most situations community agencies will be at work upon a problem, and teachers will cooperate with these other groups.

DIRECT AND INDIRECT LEARNING

It is easy to see why the community approach to the solution of a problem by means of health education has become increasingly important. We have learned by experience that the mere presentation of health facts from a textbook at school or in health department publicity can not be relied upon to change the health practices of the people. The schools have found that the indirect learning of pupils in connection with their school experiences outside the hygiene class may be as important or even more important than their direct learning through formal health instruction.

We have often made the mistake of allowing these indirect learnings to contradict directly what we were teaching in direct instruction. We have taught the children that they should wash their hands after going to the toilet and before meals, but many schools have provided no opportunity for hand washing. We have told children that physicians are thorough, careful, friendly individuals who would give a complete and scientific examination, followed by detailed and friendly individual advice, but the schools have purchased so little medical time, in many communities, that the physician has been unable to be or do any of these things.

From experiences such as these, the child concludes that the schools do not really believe what they teach. This is bad, not only for health education, but also for general education and preparation for citizenship.

Again we have found that the home and the school need to work together upon the health practices in which we seek improvement. The child can not be expected to change his behavior in matters over which he has no control. Only when parents and teachers are working together in harmony can the best results be achieved.

Going a step farther, we have frequently found that health education has been thwarted because the child finds that the community does not concern itself with the maintenance of health as he has been led to believe it should.

Thus, in too many instances, the child is told that some health procedure should be followed, but he finds that it is not followed by the school, in his home, or in his community. There is no relation between theory and practice. The child reaches adult life with a knowledge of the existence of health problems, but, unfortunately, with the belief that no community can solve them.

COMMUNITY ORGANIZATION

Over the last decade we find that an increasing number of communities have organized for the solution of some particular health problem by mobilizing all of their community leadership in the field of health. Usually this has been done under the leadership of the Department of Health and the school system, but sometimes under the leadership of voluntary health agencies. The experience of some 12 of the communities in the United States which have been outstanding in the development of cooperation between health departments and school systems is to be found in a report of the American Public Health Association.⁽⁷⁾

A brief description of a similar project in an eastern city about the size of San Francisco may be of interest. This project was not reported in the committee report just mentioned. In a water-front section of about 50,000 people, a health educator was assigned to work within the district. She first went to each of the physicians in the district to explain the type of work she expected to do. This resulted in the first district medical meeting which had been held for 15 years, with the appointment of a committee to cooperate on any public health projects. A similar procedure was followed with the dentists, clergy, the school principals, and the leaders of voluntary and social agencies concerned with health and community welfare. A district health council was organized which began to study its health problems.

From many problems which the council considered, it decided to attack first the problem of rat control. Rats were studied as a menace to health, economy and safety. Educational material was prepared. Public meetings were held. The schools developed and taught junior and senior high school units on rat control, at the time the adults in the community were waging their educational campaign.

The Health Council asked the Health Department for a rat survey, and members of their group visited the homes in advance of the surveyors, to interest the householders. The survey showed some half dozen steps which needed to be taken in most houses, such as the use of cement with glass in it in the plugging of rat runways. The shop department in the junior high school taught these steps, not only to their own boys, but also to 'teen-age boys who came over from the parochial schools. At subsequent meetings attended by large numbers of home owners and landlords, selected pupils demonstrated these procedures, while experts in rat control discussed the general problem.

As a result of this community campaign, very appreciable progress was made toward the elimination of rats. When pupils reported at home that they were studying rat control, parents were delighted to use their newly acquired knowledge in discussing the sub-

ject with the children. They were proud to tell the children what progress the community was making.

Successful problem solving is one of the best possible educational experiences. Personal and public health seem very worthwhile and practical to pupils who participate in successful community health programs. They are not likely to tolerate a health menace during adult life if they have participated in the successful elimination of a similar menace in their community during school days.

When the public sets out to improve its own health, it finds that it needs the assistance of the health department and it comes to appreciate the health department as a constructive service within a democratic government. There comes also an appreciation of democracy, in which the government belongs to the people and is willing to help them when they need it. Too often people do nothing toward solving their own problems, but from their passive dissatisfaction they criticize the governmental agencies.

SCHOOL HEALTH EDUCATION

The proven value of organized community effort in public health in no way implies that the school system should not have an organized health education plan. No school system can be satisfied with its contribution to the health of children until it has brought together its best available experts in health and in education to plan a sound, practical, constructive, progressive program of school health and health education. Every statement of the objectives of general education has given such importance to health that no educator would deny the desirability of implanting some definite health knowledge as it is needed and in accordance with the interest and responsibilities of the child. Teachers are entitled to know what physicians, nurses, and other health specialists are willing to do for them and their children, and what these specialists wish teachers to do for them. Definite plans need to be made to see that sound educational experiences come to children in connection with school sanitation, school health services, and the hygienic arrangement of the school day. Regular weighing and measuring, which gives children in the elementary school an opportunity to watch their growth, a physical education program, the school lunch, the day-by-day teacher-pupil relationship, the maintenance of teacher health, and innumerable other items are so important that they can not be neglected in the planning of a modern program of general education.

Yes, the school system does need its own planned health education program; but it should be ready to suspend that program for brief intervals of time when there is an opportunity for the schools to participate in a community-wide program in which the mobilization

of agencies, homes, adults, and children will secure a specific, important, and desirable health benefit to the community. When a city seeks to better itself using education as a tool for health improvement, it can not afford to be without the help of the public schools. They represent the most important educational social mechanism. They have a staff trained in the processes of education. These teachers are already employed by the community, and they are the kind of persons who would not desire to be left out of any plan for community betterment.

Let us improve democracy by working at it, not by studying the weaknesses of government. We can teach democracy to youth and strengthen the democratic process *by organized community effort* to prevent disease and to prolong and enrich human life.

BIBLIOGRAPHY

- ⁽¹⁾ *Statistical Bulletin*, Metropolitan Life Insurance Company, August, 1945.
- ⁽²⁾ Geiger, J. C.; Miller, Roslyn C.; Welke, Hilda Kent; and Gibson, Eunice; *The Health of the Chinese-American City*, San Francisco, San Francisco Department of Public Health, 1945.
- ⁽³⁾ See *Principles of Health Education* by C. E. Turner, 2nd Edition, 1936. D. C. Heath & Company.
- ⁽⁴⁾ C. E. Turner; F. G. Marshall; and A. R. Ross; Dental Health Education in Malden, Massachusetts, *Journal of the American Dental Association*, 24-1189-1191, July, 1937.
- ⁽⁵⁾ From unpublished reports of the Director of Health Education in Malden, Massachusetts.
- ⁽⁶⁾ *School Health Problems* by Dorothy B. Nyswander, The Commonwealth Fund, 1942.
- ⁽⁷⁾ *Community Organization for Health Education*, American Public Health Association, 1790 Broadway, New York City, 120 pages, 1941. (Available for 9c in stamps to cover mailing.)

PRIORITIES IN PURCHASE OF SURPLUS PROPERTY

Under Regulation 14 issued by the Surplus Property Administration, States and their political subdivisions and instrumentalities have a priority second only to Federal agencies to purchase surplus property. Educational and public health agencies have the additional right to acquire such property at a discount of 40 per cent.

The following definition is quoted from the regulation: "Public health institution or instrumentality means any hospital board, agency, institution, organization or association, which is organized for the primary purpose of carrying on medical, public health, or sanitational services in the public interest, or research to extend the knowledge in these fields, and which is a nonprofit institution or an instrumentality." The entire field of surplus property is available under the regulation with the exception that the 40 per cent discount does not apply to real property or industrial plants.

The Reconstruction Finance Corporation is the official disposal agency for nearly all of the items in which

public health agencies will be interested. Bulletins and catalogues of available surplus property may be obtained by writing the Reconstruction Finance Corporation, Surplus Property Division, 30 Van Ness Avenue, San Francisco 2.

The U. S. Public Health Service has been charged with the responsibility of certifying the eligibility of each application and the legitimacy of need of the agency. Printed application forms will be available. Prior to their issuance, the Service will process applications for discount on requests by letter addressed to the District Office, U. S. Public Health Service, 630 Sansome street, San Francisco.

The U. S. Public Health Service will, upon request, assign a member of the field staff of the Office of Surplus Property Utilization to local health agencies to assist in preparing lists and to advise concerning available items and properties.

VD INSTITUTE

A one day institute on postwar problems of venereal disease control and family relations will be held at the Fairmont Hotel in San Francisco on February 15th.

The meeting is sponsored by the California Social Hygiene Association, the State Department of Public Health and the San Francisco and Oakland health departments.

Participants in the program will include: Dr. Eugene A. Gillis, U. S. Public Health Service; Dr. Adolph Weinzierl, Professor of Social Hygiene, University of Oregon; Dr. Wilton L. Halverson, State Director of Public Health; Mrs. Frances Bruce Strain, author and teacher; Dr. Noel Keyes, Professor of Education, University of California; Dr. Walter Brown, Acting Dean, School of Public Health, University of California; Mr. Lawrence Arnstein, Director, California Social Hygiene Association, and others.

MORE BOTULISM

Five cases of botulism were reported early in December, all due to home canned foods.

Three cases with one death in Lake County resulted from eating home canned asparagus. Home canned string beans were responsible for two cases in Madera County.

Due to the effectiveness of new drugs, the pneumonia death rate in the Army in World War II was only 0.7 per cent compared with 28 per cent in World War I. —*Journal of the American Medical Association*, September 29, 1945.

DIPHtheria ON INCREASE IN CALIFORNIA

Need for increased efforts by health departments in diphtheria immunization is evidenced by reports of cases of this preventable disease coming to the State Department of Public Health. From 30 to 35 cases are now being reported each week.

Since 1941, there has been a steady increase each year in the number of cases of diphtheria reported in California. A total of 1,269 cases have been reported for 1945 through the third week in December. Following are the cases reported during the five years, 1940-1944:

1940	893
1941	763
1942	882
1943	1,167
1944	1,218

Total cases by months during the last six months of 1945 and the five-year medians are given below:

	Total	5-year medians 1940-1944
July	65	56
August	83	42
September	95	63
October	159	98
November	156	112
December *	114*	115**
Total July-December*	672*	510**

*December reports—first three weeks.

**These medians represent the complete months of December.

Cases by counties reported from July through the third week in December 1945 are as follows: Alameda, 14; Butte, 5; Calaveras, 1; Colusa, 3; Contra Costa, 25; Del Norte, 1; Fresno, 49; Glenn, 1; Imperial, 8; Kern, 27; Kings, 17; Lassen, 3;

Los Angeles, 127; Madera, 4; Marin, 4; Merced, 8; Monterey, 9; Napa, 2; Orange, 30; Placer, 1; Riverside, 19; Sacramento, 13; San Benito, 5; San Bernardino, 60; San Diego, 45; San Francisco, 24; San Joaquin, 16; San Luis Obispo, 2;

San Mateo, 7; Santa Clara, 22; Santa Cruz, 1; Shasta, 2; Siskiyou, 1; Solano, 5; Sonoma, 9; Stanislaus, 3; Sutter, 5; Tulare, 85; Ventura, 4; Yolo, 2; Yuba, 1; Not allocated, 2.

WESTERN BRANCH MEETING POSTPONED UNTIL FALL

The Annual Meeting of Western Branch, American Public Health Association, which had been tentatively scheduled for the San Francisco Bay Area in May has been postponed until the Fall because of travel conditions and the difficulty of obtaining hotel reservations.

CHANGE IN HEALTH OFFICERS

Dr. Philip W. McKenney has replaced Dr. John Stile as health officer of the City of Alturas in Modoc County.

NEW APPOINTMENTS TO STAFF OF STATE HEALTH DEPARTMENT

Four appointments to the staff of the State Department of Public Health are announced by Dr. W. L. Halverson, Director.

DEPUTY DIRECTOR

Dr. Malcolm H. Merrill has been appointed Deputy Director. He will continue as Chief of the Division of Laboratories.

Dr. Merrill came to the Department in 1937 as Chief of the then newly formed Bureau of Venereal Diseases and served in that capacity until 1941 when he was appointed Chief of the Division of Laboratories. In addition to this position, since October 1944 until the present he has been Acting Chief of the Division of Preventive Medical Services.

DIVISION OF PREVENTIVE MEDICAL SERVICES

The Chief of the Division of Preventive Medical Services is Dr. Robert Dyar who was recently discharged from the Army Air Force. A Lieutenant Colonel, Dr. Dyar was Chief of Preventive Medicine in the Air Force and previously was a Venereal Disease Control Officer in the Air Force.

Prior to entering the Army in April 1942, Dr. Dyar directed the joint syphilis epidemiological study in San Joaquin Local Health District. The study was sponsored by the International Health Division of the Rockefeller Foundation, the Local Health District and the State Department of Public Health.

DIVISION OF ADMINISTRATION

Mr. Robert G. Webster has been appointed Chief of the Division of Administration. From February 1944 until the present, Mr. Webster has been Business Manager. Prior to entering State service he was Chief of the Division of Vital Records of the Los Angeles County Health Department.

HOSPITAL SURVEYS

Dr. P. K. Gilman has been appointed Chief of Hospital Surveys. Dr. Gilman is President of the California Medical Association and during the War was a Captain in the Navy. Prior to his military service, Dr. Gilman was in practice in San Francisco and was Clinical Professor of Surgery at Stanford University Medical School.

Forty-two universities, medical schools and laboratories are working under grants from the National Foundation for Infantile Paralysis, which will conduct the March of Dimes from January 14th-31st.

CALIFORNIA LOCAL PROGRAMS IN HEALTH EDUCATION

California local programs in health education have been given impetus through a grant received from the Rosenberg Foundation which makes possible the employment of health educators in the Richmond City and Santa Barbara County health departments.

Financial support for the programs in their initial stages is being provided jointly from Foundation, State and local funds with provision for increasing local financial participation as the programs develop.

Education is an essential public health service and is the function of every member of the staff of a public health department. However, it has been demonstrated that this function is best performed in health departments which employ qualified, specialized staff.

In addition to conducting certain educational programs for which by training and experience the health educator is particularly suited, one of the chief functions of the educational staff is to assist other staff members to recognize and utilize their educational opportunities. Thus, the employment of a health educator should accelerate rather than diminish the educational activities of physicians, nurses, sanitarians, clerks and other health department personnel.

Experience in California and elsewhere has demonstrated that education, if it is to be a vital force in motivating people to healthful living and to work together to improve public health conditions, must be conducted on the local level. State agencies can give assistance but the actual job must be done in the community.

Educators who are themselves a part of the community, who have an intimate knowledge of its health environment and resources, who know its inhabitants and their capacities, are in a position to work with people in directing social forces towards constructive accomplishment in the fields of personal and public hygiene.

In addition to the programs being started in Richmond and Santa Barbara, only three persons are at present employed full time in health education in local California health departments, in Oakland, San Francisco and Kern County. The health departments in Sonoma and San Luis Obispo Counties have the part time services of a health educator and vacancies exist in San Francisco, Los Angeles City and Los Angeles County departments.

The Committee on Administrative Practices of the American Public Health Association, in its report, *Local Health Units for the Nation*, states that 35 health educators should be employed in local health departments to provide basic minimum services in California.

Distribution of these educators, according to the Committee's plan for district local health units, would be as follows:

Unit	Counties	Health Educators	Unit	Counties	Health Educators
1	Del Norte	0.5	11	San Joaquin	1
	Humboldt		12	Contra Costa	1
2	Lassen	0.5	13	San Francisco	3
	Modoc		14	Alameda	3
	Shasta		15	San Mateo	1
	Siskiyou		16	Santa Clara	2
	Trinity			Santa Cruz	
3	Lake	--	17	Stanislaus	--
	Mendocino		18	Mariposa	--
4	Butte	--		Merced	
	Glenn		19	Fresno	1
	Plumas			Madera	
	Tehama		20	Monterey	--
5	Sutter	0.2		San Benito	
	Yuba		21	Kings	1
6	Colusa	--		Tulare	
	Yolo		22	Alpine	--
7	Marin	1		Inyo	
	Sonoma			Mono	
8	Napa	0.4	23	San Luis Obispo	--
	Solano		24	Kern	1
9	Sacramento	1	25	Santa Barbara	0.5
10	Amador	0.4	26	Ventura	0.5
	Calaveras		27	Los Angeles	10
	El Dorado		28	San Bernardino	1
	Nevada		29	Orange	1
	Placer		30	Riverside	1
	Sierra		31	Imperial	3
	Tuolumne			San Diego	

It is believed that the recommendations of the Committee are conservative. Even utilizing the standards of the Committee as a guide, changes in distribution might well be made on the basis of population growth since the 1940 census, local problems, extent of geographical area, and ability of health departments to utilize effectively the services of a health educator. However, persons interested in the development of health education programs in local health departments will find these recommendations useful as a point of departure in planning.

At the present time seven students are receiving post-graduate training in public health and health education on scholarships provided by the State Department of Public Health. Upon their graduation next summer they will be available for employment in local health departments.

NEW RAT POISON

A new rat poison, which causes dropsy of the lungs so that the rodent is drowned in its own fluid, is described in the December 1 issue of *The Journal of the American Medical Association* by Curt P. Richter, Ph.D.

Developed during the war, ANTU—for alpha-naphthyl thiourea—is said not to be harmful to human beings unless taken in large quantities.

MEASLES IMMUNE SERUM GLOBULIN AVAILABLE

With the approach of the "measles season"—the late winter and early spring months—attention of local health officers is directed to the fact that immune serum globulin for prophylaxis, modification and treatment of the disease is available from the State Department of Public Health which receives its supply from the American Red Cross.

Requests should be addressed to the Bureau of Acute Communicable Diseases, 1122 Phelan Building, 760 Market Street, San Francisco, 2.

Data on results of the use of immune serum globulin is no longer required by the Bureau.

ATTORNEY GENERAL'S OPINION ON LOCAL REGISTRARS

The State Registrar of Vital Statistics may not appoint a county health officer to be a local registrar for the district under his jurisdiction as health officer in primary registration districts, nor may the State Registrar incorporate primary registration districts into county districts.

This opinion was given by the Attorney General on December 12, 1945, in response to a request from the State Department of Public Health. Following is the opinion:

"By the provisions of Section 10050 the State is divided into registration districts and such districts are classified as primary registration districts (Section 10051) and primary rural registration districts (Section 10052).

Section 10100 provides, subject to the exceptions expressed in Sections 10101 and 10102, that in each city or city and county constituting a primary registration district the clerk of such city or city and county shall perform the duties of local registrar.

Section 16 provides that "shall" is mandatory.

Section 10101, one of the exceptions to Section 10100, requires the health officer to perform the duties of the local registrar when the freeholder's charter of a city or city and county constituting a primary registration district provides for a health officer.

Section 10102 is the second exception to section 10100 and provides that where the county health officer acts as city health officer for a city which constitutes a primary district under contract, as authorized by law, the county health officer is the registrar.

Section 10103 pertains to counties maintaining a county-wide health department and requires the county health officer to perform the duties of local registrar for all territory in the county not included in the primary registration district.

Section 10104 is also material to the questions presented. This section refers to counties other than those considered in Section 10103 and provides that the State Registrar shall appoint, subject to the approval of the State Department of Public Health, a local registrar in

primary rural districts of such counties. The State Registrar is also empowered to remove such local registrar for failure or neglect to perform his duties.

The express provisions of the statute have divided the State into registration districts and with the exception of Section 10104 have designated the person to perform the duties as local registrar in primary registration districts and primary rural registration districts.

As no authority to appoint or dismiss local registrars in primary registration districts or to incorporate or consolidate primary registration districts into county districts is provided by the statute, the State Registrar of Vital Statistics may not appoint a county health officer to be local registrar for the district under his jurisdiction as health officer in primary registration districts, nor may the State Registrar incorporate primary registration districts into county districts."

REGULAR C. S. EXAMINATIONS TO START FEBRUARY 1

Beginning February 1st, the State Personnel Board has announced that it will give regular examinations for State civil service positions and that no more duration examinations will be given.

In making this decision, the Board took into consideration that more than 70 per cent of all persons who entered the armed forces from California are expected to have returned by January 1st. It is believed that the conducting of regular examinations will increase the number of qualified applicants. The action was urged by men and women in the service, by persons who were in civilian war work and by employees holding duration appointments.

It is also announced that during the transition period, the State Personnel Board, under the provisions of Section 18936 of the Government Code, will limit the number of names to be placed on eligible lists and will abolish such lists one year from the date of their establishment.

A. M. A. RADIO BROADCASTS

The dramatized radio health programs sponsored by the American Medical Association will be resumed on December 15th. Title of the new series is, "Doctors at Home," and it will be heard in California over NBC and associated stations at 1 p.m. on Saturdays.

The new series is announced as "dealing with modern medical advances such as new developments in drugs, advances in surgery, anesthesia, obstetrics and other branches of medicine. There will be a constructive attack on the problem of scarcity of physicians. How to choose a doctor, what to do until the doctor comes and other practical phases in health education will be a part of the program."

NEW REGULATIONS FOR PHN CERTIFICATE EFFECTIVE IN 1947

Regulations governing the issuing of the State public health nursing certificate were amended by the State Board of Health at its meeting December 15th. The new regulations will become effective on January 1, 1947.

The most important change in the regulations is the requirement that applicants shall be high school graduates or have an educational equivalent which meets college entrance requirements. Applicants will also be required to hold a current California Registered Nurse License.

Certificates without examination will be issued applicants who have completed a university program of study in public health nursing approved by the California State Department of Public Health. In order to qualify under this provision, applicants who have completed the program of study in public health nursing more than 10 years prior to the date of application must have had at least two years experience in public health nursing in the interim. Applicants whose study was completed more than 10 years prior to application and who have not had experience may be admitted to examination.

To qualify for a certificate by examination, applicants must present evidence of having had, within 10 years prior to application, at least 24 months experience in general public health nursing in not more than two agencies. In addition, the applicant must have satisfactorily completed 12 units of university work in a program of study in public health nursing approved by the California State Department of Health. The study must have included the following:

1. Principles and Practice in Public Health Nursing.
2. Preventive Medicine.
3. Additional courses selected from two or more of the following:

Nutrition,
Family Case Work,
Administration and Organization of Public
Health Nursing,
Psychology,
Growth and Development of the Child,
Mental Hygiene,
Principles of Teaching.

One-half of all money contributed to the March of Dimes remains in the county where it was contributed. The other half goes to the National Foundation for Infantile Paralysis for research, education and emergency aid in epidemics.

NEW NUTRITION FILM

Something You Didn't Eat, a new film on nutrition produced by Walt Disney, is available on loan from two sources in California: the Department of Visual Instruction, University of California Extension Service, 2241 Bancroft Way, Berkeley 4, or Room 26, Administration Building, 405 Hilgard Avenue, Los Angeles 24; and Y. M. C. A. Motion Picture Bureau, 351 Turk Street, San Francisco 2.

MORBIDITY REPORT—SELECTED DISEASES— CIVILIAN CASES

Total Cases for November and Total Cases for January
Through November 1945, 1944, 1943 and
5 Year Median (1940-1944)

Selected diseases	Current month				Cumulative			
	November				January through November			
	1945	1944	1943	5-yr. median 1940-1944	1945*	1944	1943	5-yr. median 1940-1944
Chickenpox (Varicella).....	1,233	2,464	1,334	1,931	41,544	32,896	41,686	32,896
Coccidioid Granuloma.....	7	1	1		37	29	22	
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....	2	6	2		21	36	35	
Diarrhea of the newborn.....	1	43	3		47	80	162	
Diphtheria.....	157	149	176	112	1,156	1,109	1,027	833
Dysentery, bacillary.....	24	62	54		262	440	425	
Encephalitis, infectious.....	12	3	10		275	74	160	
Epilepsy.....	91	166	92		1,427	1,441	1,443	
Food poisoning.....	1	49	340		444	592	912	
German measles (Rubella).....	261	323	216		10,986	14,582	29,069	
Influenza, epidemic.....	75	97	63	134	725	11,051	1,482	11,051
Jaundice, infectious.....	14	28	5		200	307	98	
Malaria.....	26	12	12	5	220	121	131	181
Measles (Rubeola).....	1,166	1,037	268		32,700	67,331	20,429	20,429
Meningitis (meningococci).....	36	54	53	19	624	936	845	183
Mumps (Parotitis).....	1,691	2,307	1,270	1,330	35,327	30,117	22,485	27,943
Pneumonia, infectious.....	129	335	222		3,015	3,936	3,937	2,966
Poliomyelitis, acute anterior.....	143	58	228	58	821	422	2,550	422
Rabies, animal.....	23	57	45	43	546	863	688	508
Rheumatic fever.....	56	39	26		607	504	314	
Scarlet fever.....	1,013	1,182	788	848	12,748	9,348	6,228	5,310
Smallpox (Variola).....					0	4	20	13
Tuberculosis:								
Pulmonary.....	548	937	471	551	7,498	7,788	6,795	6,795
Other forms.....	41	81	22	24	556	492	382	406
Typhoid fever.....	12	14	12	12	129	245	133	209
Typhus fever.....	15	9	3		56	36	23	
Undulant fever (Brucellosis).....	18	29	22	22	240	296	212	260
Whooping cough (Pertussis).....	442	615	432	720	13,439	4,470	13,905	13,905
Venereal diseases:								
Chancroid.....	20	24	16		236	284	174	
Gonococcus infection.....	2,119	2,039	1,458	1,458	25,327	18,573	13,147	14,772
Granuloma inguinale.....	4	1	3		42	21	22	
Lymphogranuloma venereum.....	26	21	25		232	218	172	
Syphilis.....	2,070	2,296	1,997	1,997	25,470	25,068	27,102	20,336

*Corrections January through November included.

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